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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00147066 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 02 2010 DC 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 12 0 1 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/35

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

FEC Form 3X (Rev. 02/2003)

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1 $20^{\circ}10^{\circ}$		73931.75
(b) Cash on Hand at Begining of Reporting Period	34444.43	
(c) Total Receipts (from Line 19)	27522.74	312685.92
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61967.17	386617.67
. Total Disbursements (from Line 31)	15500.00	340150.50
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46467.17	46467.17
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 35

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

D D 14

2010

To:

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Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		_
Than Political Committees (i) Itemized (use Schedule A)	18225.10	100936.54
(ii) Unitemized	4297.64	33649.38
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22522.74	134585.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	5000.00	176500.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27522.74	311085.92
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00
to Federal candidates and Other Political Committees	0.00	1600.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27522.74	312685.92
). Total Federal Receipts (subtract Line 18(c) from Line 19)	27522.74	312685.92

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 35

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	10500.00	313350.50
	Independent Expenditure	0.00	0.00
	(use Schedule E) Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loan nepayments Made		
	Loans Made Refunds of Contributions To:	0.00	0.00
•	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
١.	Other Disbursements	5000.00	26800.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
•	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15500.00	340150.50
,	Total Federal Disbursements		
2.	(subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 35

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	. 27522.74	311085.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27522.74	311085.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitir or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such Reports and Statements may not be sold or used by any person for the purpose of solicitir or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such Reports and State Stat	PAGE 6/35 11c
Mr. Thomas A Munson Mailing Address 11 Stonebrook Court City Brownwood FEC ID number of contributing federal political committee. Name of Employer Company Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Jonathan M. Polilio Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 371 Amount of Each Receipt 1200.00 Date of Receipt Transaction ID: 372 Transaction ID: 373 Amount of Each Receipt City State Zip Code Transaction ID: 373 Amount of Each Receipt City Austin TX 78714-9151 FEC ID number of contributing federal political committee. Cicx Life Insurance Company of America Receipt For: Primary General Other (specify) ▼ Coccupation Actuary Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Transaction ID: 373 Amount of Each Receipt Transaction ID: 373 A	g contributions ch committee.
Brownwood TX 76801-6036 FEC ID number of contributing federal political committee. Name of Employer CiCA Life Insurance Company of America Receipt For: Name of Employer CiCA Life Insurance Company of America Receipt For: PFUII Name (Last, First, Middle Initial)	2010
FEC ID number of contributing federal political committee. Name of Employer CICA Life Insurance Company Receipt For: Primary General Other (specify) ▼	
Receipt For:	1200.00
Milling Address P.O. Box 149151 City State Zip Code Transaction ID: 373 Austin TX 78714-9151 FEC ID number of contributing federal political committee. Name of Employer CICA Life Insurance Company of America Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction ID: 373 Amount of Each Receipt For: Primary General Actuary Aggregate Year-to-Date ▼ Date of Receipt For: Date of Receipt Transaction ID: 373 Amount of Each Receipt For: State Zip Code Transaction ID: 373 Amount of Each Receipt For: Date of Receipt For: State Zip Code Transaction ID: 373 Amount of Each Receipt For: Date of Receipt For: Date of Receipt For: Date of Receipt For: State Zip Code Transaction ID: 373 Amount of Each Receipt For: Aggregate Year-to-Date Foresident & Chief Marketin Foresident Year-to-Date Foresident & Chief Marketin Aggregate Year-to-Date Foresident & Chief Marketin Foresident Year-to-Date Foresident & Chief Marketin Foresident Year-to-Date Foresi	
Austin TX 78714-9151 FEC ID number of contributing federal political committee. Name of Employer CICA Life Insurance Company of America Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction ID: 373 Amount of Each Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 375 Amount of Each Receipt Transaction ID: 375 Date of Receipt Transaction ID: 375 Amount of Each Receipt Transaction ID: 375 Amount	2010
Austin TX 78714-9151 FEC ID number of contributing federal political committee. Name of Employer CICA Life Insurance Company of America Receipt For: Primary General Other (specify) ▼ City State Zip Code Mailing Address 4464 W. 161st Street PEC ID number of contributing federal political committee. Name of Employer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 373 Amount of Each Receipt School Primary Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 373 Amount of Each Receipt School Primary Aggregate Year-to-Date ▼ Date of Receipt School Primary 19 Primary 1	
Full Name (Last, First, Middle Initial) City City City City Coverland Park FEC ID number of contributing federal political committee. Name of Employer Circh Life Insurance Company of America Receipt For: Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Date of Receipt Transaction ID: 373 Amount of Each Receipt City State KS 66085-8405 C Name of Employer Americo Financial Life and Annuity Ins Receipt For: Aggregate Year-to-Date Occupation Senior Vice President & Chief Marketin Aggregate Year-to-Date Transaction ID: 373 Amount of Each Receipt Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	
Receipt For: Primary	250.00
Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Mr. Rodney K. Foster Mailing Address 4464 W. 161st Street City State Zip Code Overland Park KS 66085-8405 FEC ID number of contributing federal political committee. Name of Employer Americo Financial Life and Annuity Ins Receipt For: Occupation Senior Vice President & Chief Marketin Aggregate Year-to-Date ▼	
Mr. Rodney K. Foster Mailing Address 4464 W. 161st Street City State Zip Code Overland Park FEC ID number of contributing federal political committee. Name of Employer Americo Financial Life and Annuity Ins Receipt For: Date of Receipt Transaction ID: 373 Amount of Each Receipt C Occupation Senior Vice President & Chief Marketin Aggregate Year-to-Date ▼	
City Overland Park FEC ID number of contributing federal political committee. Name of Employer Americo Financial Life and Annuity Ins Receipt For: State Zip Code Transaction ID: 373 Amount of Each Receipt Schools Senior Vice President & Chief Marketin	
Overland Park KS 66085-8405 Amount of Each Rece FEC ID number of contributing federal political committee. Name of Employer Americo Financial Life and Annuity Ins Receipt For: Aggregate Year-to-Date ▼	2010
FEC ID number of contributing federal political committee. Name of Employer Americo Financial Life and Annuity Ins Receipt For: Occupation Senior Vice President & Chief Marketin Aggregate Year-to-Date ▼	31452
Name of Employer Americo Financial Life and Annuity Ins Receipt For: Occupation Senior Vice President & Chief Marketin Aggregate Year-to-Date ▼	ipt this Period
Annuity Ins Receipt For: Aggregate Year-to-Date ▼	250.00
30 - 3 - 1 - 1 - 1 - 1	
Other (specify) ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1700.00

Full Name A. Full Name Mr. Mark V Mailing Ac City Cedar R FEC ID notederal po Name of E AEGON U Receipt For Prim Othe Full Name Mr. David I Mailing Ac City Owings FEC ID notederal po Name of E Baltimore Company Receipt For Prim Owings	ercial purposes, other than using the COMMITTEE (In Full) an Council of Life Insurers Pote (Last, First, Middle Initial) by Mullin ddress 4333 Edgewood Road (Lapids) apply a Lapids apply	he name and address of any political Action Committee ad, NE State Zip Code IA 52499-0007 C Occupation President & Chief Exect Aggregate Year-to-Date	Ti 1 2 2 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name Mr. Mark V Mailing Ac City Cedar R FEC ID nu federal po Name of E AEGON U Receipt Fo Prim Othe Mailing Ac City Owings FEC ID nu federal po Name of E Baltimore Company Receipt Fo Prim Prim	e (Last, First, Middle Initial) N. Mullin Iddress 4333 Edgewood Roa Iapids umber of contributing litical committee. Employer JSA, Inc. or: nary General er (specify) e (Last, First, Middle Initial) K. Ficca	State Zip Code IA 52499-0001 C Occupation President & Chief Execution Aggregate Year-to-Date	tutive Officer	ransaction ID: 37331455 Amount of Each Receipt this Period 1250.00
Mr. Mark V Mailing Ad City Cedar R FEC ID nu federal po Name of E AEGON U Receipt Fo Prim Otho City Owings FEC ID nu federal po Name of E Baltimore Company Receipt Fo Prim Prim	M. Mullin Iddress 4333 Edgewood Roa Idapids Under the following state of contributing state of contributing state of committee. Employer USA, Inc. Identify General er (specify) ▼ Expecify The following state of the followi	State Zip Code IA 52499-0001 C Occupation President & Chief Executary Aggregate Year-to-Date	tutive Officer	ransaction ID: 37331455 Amount of Each Receipt this Period 1250.00
City Cedar R FEC ID nu federal po Name of E AEGON L Receipt Fo Prim Othe Full Name Mr. David Mailing Ac City Owings FEC ID nu federal po Name of E Baltimore Company, Receipt Fo	tapids umber of contributing litical committee. Employer JSA, Inc. or: nary General er (specify) ▼ e (Last, First, Middle Initial) K. Ficca	State Zip Code IA 52499-0001 C Occupation President & Chief Executary Aggregate Year-to-Date	tutive Officer	ransaction ID: 37331455 Amount of Each Receipt this Period 1250.00
Receipt For Prim Other B. FEC ID number of Example of	umber of contributing litical committee. Employer JSA, Inc. or: nary General er (specify) e (Last, First, Middle Initial) K. Ficca	Occupation President & Chief Exect Aggregate Year-to-Date	autive Officer	Amount of Each Receipt this Period 1250.00
FEC ID nu federal po Name of E AEGON U Receipt For Prim Other Full Name of E Mailing Actor Owings FEC ID nu federal po Name of E Baltimore Company, Receipt For Prim Prim Other Receipt For Prim Other ID nu federal po	umber of contributing litical committee. Employer JSA, Inc. or: nary General er (specify) e (Last, First, Middle Initial) K. Ficca	Occupation President & Chief Exect Aggregate Year-to-Date	autive Officer 7 1250.00	1250.00
Full Name Mr. David Mailing Ac City Owings FEC ID not federal po Name of E Baltimore Company, Receipt Fe	or: nary General er (specify) e (Last, First, Middle Initial) K. Ficca	President & Chief Exect Aggregate Year-to-Date ▼	1250.00	Onto of Donaint
Full Name Mr. David Mailing Ad City Owings FEC ID not federal po Name of E Baltimore Company, Receipt Formula (Company)	nary General er (specify) ▼ e (Last, First, Middle Initial) K. Ficca		1250.00	Data of Dansier
Mr. David Mailing Ac City Owings FEC ID not federal po Name of E Baltimore Company, Receipt Form	K. Ficca		С	Outo of December
City Owings FEC ID nu federal po Name of E Baltimore Company Receipt Fe	ddress 10075 Red Run Blvd			Date of Receipt
Owings FEC ID nu federal po Name of E Baltimore Company Receipt Fe				10 19 2010
FEC ID not federal policy federal policy federal policy federal policy federal primary federal policy federal p		State Zip Code		ransaction ID: 37331471
Baltimore Company Receipt Fo	IMITS umber of contributing litical committee.	MD 21117-4865	5 A	Amount of Each Receipt this Period 500.00
Prim	Life Insurance	Occupation President & Chief Execu	eutive Officer	
		Aggregate Year-to-Date ▼	500.00	
Full Name Mr. Harold	e (Last, First, Middle Initial) I B. Rojas		С	Date of Receipt
Mailing Ac	ddress 6315 Ferryboat Circle	е		M M / D D / Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10
City Columbi	io	State Zip Code MD 21044-3803		ransaction ID: 37331506
FEC ID no	umber of contributing litical committee.	MD 21044-3803		Amount of Each Receipt this Period 275.00
<u>Company</u>		Occupation Attorney		
Receipt Fo		Aggregate Year-to-Date	275.00	
SUBTOTAL				2025.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 35 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may none name and addres	t be sold or used by any persons of any political committee to	
American Council of Life Insurers Po	litical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Mr. Thomas M. Marra			Date of Receipt
Mailing Address 777 108th Avenue NI Suite 1200	Ē		11 01 2010
City	State	Zip Code	Transaction ID: 37511815
Bellevue	WA	98004-5135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Symetra Financial Corpora-	Occupation	01: (5 % 05)	
tion Receipt For:		Chief Executive Officer	_
Primary General Other (specify) ▼	Aggregate Ye	2000.00	
Full Name (Last, First, Middle Initial) Mr. L. John Pearson			Date of Receipt
Mailing Address 10075 Red Run Boul	evard		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 37512053
Owings Mills	MD	21117-4865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer Baltimore Life Insurance Company	Occupation Chairman		
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Ms. Gail E. Lataille			Date of Receipt
Mailing Address 256 Stanley Drive			1 1 0 8 2 0 1 0
City	State	Zip Code	Transaction ID: 37533753
Glastonbury	СТ	06033-2622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Vantis Life Insurance Com- pany	Occupation Senior Vice	President and Treasurer	
Receipt For:	Aggregate Ye	ar-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			3000.00

TOTAL This Period (last page this line number only)

Mailing Address 5817 S. Walden Street City State Zip Code Centennial CO 80015-5912 FEC ID number of contributing federal political committee. Name of Employer Hannover Life Reassurance Company of A Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Primary Mailing Address 5817 S. Walden Street Transaction ID: 37554998 Amount of Each Receipt this Period 350.00 Transaction ID: 37554998 Amount of Each Receipt this Period 350.00		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Mr. Scott E. Smith Mailing Address 19 Cardinal Way City South Windsor FEC ID number of contributing tederal political committee. Name of Employer Hannover Life Reassurance Company of A Receipt For: Hanno of Employer Hannover Life Reassurance Company of A Receipt For: Han	7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Receipt For: Primary General Aggregate Year-to-Date ▼	∠ A .	Mr. Scott E. Smith Mailing Address 19 Cardinal Way City South Windsor FEC ID number of contributing federal political committee.	CT C	06074-3745	Transaction ID: 37533791 Amount of Each Receipt this Period
Mailing Address 5817 S. Walden Street City State Zip Code CO 80015-5912 FEC ID number of contributing federal political committee. Company of A Receipt For: Pull Name (Last, First, Middle Initial) Mr. Thomas E. Rattmann Mailing Address 2601 Pinebluff Drive City State Zip Code Transaction ID: 37554998 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ State Zip Code Transaction ID: 37554998 Amount of Each Receipt this Period Date of Receipt Transaction ID: 37554998 Amount of Each Receipt this Period Date of Receipt Transaction ID: 37555249 Amount of Each Receipt this Period Date of Receipt Transaction ID: 37555249 Amount of Each Receipt Transaction ID: 37555249 Amount of Each Receipt this Period City State Zip Code NY 13850-2909 FEC ID number of contributing federal political committee. Name of Employer Columbian Mutual Life Insurance Compan Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	_	pany Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Contennial CO 80015-5912 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Columbian Mutual Life Insurance Company of A Receipt For: Primary	В.	Mr. David A. Wheat	t		M M / D D / Y Y Y Y
Hannover Life Reassurance Company of A Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ In I Name (Last, First, Middle Initial) Mr. Thomas E. Rattmann Mailing Address 2601 Pinebluff Drive City Vestal NY 13850-2909 FEC ID number of contributing federal political committee. Name of Employer Columbian Mutual Life Insurance Compan Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Chairman of the Board, President & Chi Aggregate Year-to-Date ▼		Centennial FEC ID number of contributing	CO	•	Amount of Each Receipt this Period
Mr. Thomas E. Rattmann Mailing Address 2601 Pinebluff Drive City State Zip Code Vestal NY 13850-2909 FEC ID number of contributing federal political committee. Name of Employer Columbian Mutual Life Insurance Compan Receipt For: Primary General Other (specify) ▼ Mr. Thomas E. Rattmann Date of Receipt Transaction ID: 37555249 Amount of Each Receipt this Period C State Zip Code Transaction ID: 37555249 Amount of Each Receipt this Period 850.00		Hannover Life Reassurance Company of A Receipt For: Primary General	Executiv	e Vice President & CFO e Year-to-Date ▼	
City State Zip Code Vestal NY 13850-2909 Amount of Each Receipt this Period Amount of Each Receipt this Period **Transaction ID: 37555249 Amount of Each Receipt this Period **State** NY **PEC ID number of contributing federal political committee. C Name of Employer Columbian Mutual Life Insurance Compan Receipt For: Primary General Other (specify) ▼ **Aggregate Year-to-Date ▼ **Aggregat	- C.	Mr. Thomas E. Rattmann			M M / D D / Y Y Y Y
Name of Employer Columbian Mutual Life Insurance Compan Receipt For: Primary Other (specify) ▼ Occupation Chairman of the Board, President & Chi Aggregate Year-to-Date 850.00		Vestal FEC ID number of contributing	NY	·	Transaction ID: 37555249 Amount of Each Receipt this Period
Primary General Other (specify) ▼ 850.00		Name of Employer Columbian Mutual Life Ins- urance Compan	Occupation Chairma	n of the Board, President & 0	
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			1450.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Council of Life Insurers Pol	litical Action (Committee	
¥.	Full Name (Last, First, Middle Initial) Mr. August S. Dittemore Mailing Address 314 Wilson Ave			Date of Receipt
	Walling Address 314 WIISON AVE			11 / 10 / 2010
	City	State	Zip Code	Transaction ID: 37555582
	Endwell	NY	13760-3246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Columbian Mutual Life Ins- urance Compan	Occupation Senior Vi	n ice President, Sales & Mark	eti
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_ 3.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Fischer			Date of Receipt
	Mailing Address 6 Moran Court			1 1 1 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 37555606
	Binghamton	NY	13903-5927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Columbian Mutual Life Ins- urance Compan	Occupation Senior Vi	n ice President, General Coun	nsel
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		250.00	
- :.	Full Name (Last, First, Middle Initial) Mr. Michael C. Fosbury, CFA			Date of Receipt
	Mailing Address 4504 Forest Lane			1 1 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 37555623
	Vestal	NY	13850-3803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Columbian Mutual Life Ins- urance Compan	Occupation SVP & C	10	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		250.00	
Г		1		

s, other than using the name E (In Full) f Life Insurers Political A Middle Initial) 22 Argyle Street S M ributing ee. Occ. Se	and address of any political committee to ction Committee tate Zip Code 11 48374-4303	Date of Receipt Date of Receipt 1
f Life Insurers Political A Middle Initial) 22 Argyle Street S M ributing ee. Occ Se Ag	tate Zip Code 11 48374-4303 cupation nior Vice President	Transaction ID: 37561028 Amount of Each Receipt this Period
22 Argyle Street S M ributing ee. Occ Se Ag	11 48374-4303 cupation nior Vice President	Transaction ID: 37561028 Amount of Each Receipt this Period
ributing ee. Cooksele. Ag	11 48374-4303 cupation nior Vice President	Transaction ID: 37561028 Amount of Each Receipt this Period
ributing ee. Coc Se Ag	11 48374-4303 cupation nior Vice President	Amount of Each Receipt this Period
ributing ee. Occ Se Ag	cupation nior Vice President	
oee. Occ Se Ag	cupation nior Vice President	250.00
Ag	nior Vice President	
Ag		
		_
	250.00	
Middle Initial)		Date of Receipt
Mach Street PH		11 10 7 2010
	tate Zip Code	Transaction ID: 37561197
N	Y 13827	Amount of Each Receipt this Period
ributing ee.		250.00
nc	cupation P, CFO & Chief Actuary	7
	gregate Year-to-Date ▼	
General	250.00	
Middle Initial)		Date of Receipt
River Chase Circle		1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	tate Zip Code	Transaction ID: 37561201
G	A 30328-3545	Amount of Each Receipt this Period
ributing ee.		250.00
ne	cupation nior Vice President, Operations	7
_	gregate Year-to-Date ▼	
General	250.00	
		750.00
	General Ag	Aggregate Year-to-Date ▼ General

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers P	olitical Action Committee			
Full Name (Last, First, Middle Initial) Mr. Steven B. Najjar		Date of Receipt		
Mailing Address 2145 Alaqua Lakes	Blvd.	1 1 1 1 6 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 37685780		
Longwood	FL 32779-3206	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	350.00		
Name of Employer Hannover Life Reassurance	Occupation Executive Vice President & General	Col		
Company of A Receipt For:	Aggregate Year-to-Date ▼			
Primary General		7		
Other (specify)	350.00			
Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent		Date of Receipt		
Mailing Address 101 Constitution Ave Suite 700	Mailing Address 101 Constitution Ave, NW			
City	State Zip Code	Transaction ID: PR1120489721065		
Washington	DC 20001-2133	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	148.50		
Name of Employer American Council of Life	Occupation Senior Counsel, State Relations			
Insurers Receipt For:	Aggregate Year-to-Date ▼			
Primary General		P/R Deduction (\$49.50 Sem-		
Other (specify)	1039.50	i-Monthly)		
Full Name (Last, First, Middle Initial) Mr. Donald L. Walker	1	Date of Receipt		
Mailing Address 101 Constitution Ave Suite 700	e, NW	1 1 2 2 2 2 1 0 1 0		
City	State Zip Code	Transaction ID: PR1156427121065		
Washington	DC 20001-2133	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	150.00		
Name of Employer American Council of Life Insurers	Occupation SVP, Administration & CFO			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	1050.00	P/R Deduction (\$50.00 Semi-Monthly)		
	<u> </u>	648.50		

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 35 (check only one) X
A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	itical Action	Committee	
	Full Name (Last, First, Middle Initial) Mr. John J Patterson			Date of Receipt
	Mailing Address 10075 Red Run Blvd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Owings Mills	State MD	Zip Code 21117-4865	Transaction ID: PR1231727521065 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.74
	Name of Employer Baltimore Life Insurance Company	Occupation Senior V	on lice President, Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 243.34	P/R Deduction (\$10.58 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. W. Bryant Sadler			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700	NW		1 1 2 2 2 2 1 0 1 0
	City	State	Zip Code	Transaction ID: PR1415470221065
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Council of Life Insurers	Occupation Staff Acc		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		210.00	P/R Deduction (\$10.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Mandana Parsazad			Date of Receipt
	Mailing Address 1914 Horse Shoe Driv	/e		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1481799821065
	Vienna	VA	22182-3755	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Council of Life Insurers	-, '	Counsel, Taxes & Retirement	Sec
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Semi-Monthly)
	SUBTOTAL of Receipts This Page (optional) .			91.74

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar	y information copied from such Reports an for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers P	the name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Z	Full Name (Last, First, Middle Initial)			
	Mr. Craig D. Simms Mailing Address 31 Quail Hollow Dri	ve		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1503559921065
	Southington	CT	06489-1617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		39.00
	Name of Employer Vantis Life Insurance Com-	Occupation Senior Via	ce President, Sales & Marke	— eti
	pany Receipt For:		Year-to-Date ▼	<u>~~</u>
	Primary General Other (specify) ▼		279.00	P/R Deduction (\$15.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Peter L. Tedone			Date of Receipt
	Mailing Address 32 Lincoln			M M / D D / Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: PR1503560121065
	Weatogue	CT	06089-9780	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		88.93
	Name of Employer Vantis Life Insurance Company	Occupation President	& Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 708.93	P/R Deduction (\$26.93 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh			Date of Receipt
	Mailing Address 101 Constitution Av 101 Constitution Av			M M / D D / Y Y Y Y Y 1 1 1 2 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: PR1550105921065
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		539.07
	Name of Employer American Council of Life	Occupation Executive	Vice President	7
	Insurers Receipt For:	- ' '	Year-to-Date ▼	
	Primary General Other (specify) ▼		3773.49	P/R Deduction (\$179.69 Semi-Monthly)
	UBTOTAL of Receipts This Page (optional	\		667.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 35 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
American Council of Life Insurers P	Political Action (Committee	
Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr., Jr.			Date of Receipt
Mailing Address 101 Constitution Av Suite 700			1 1 2 2 2 2 0 1 0
City Washington	State DC	Zip Code 20001-2140	Transaction ID: PR1554864821065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200012110	60.00
Name of Employer American Council of Life Insurers	Occupation Senior C		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$20.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Gail Steinberg	A DAZ		Date of Receipt
Mailing Address 101 Constitution Av Suite 700	11 22 2010		
City	State	Zip Code	Transaction ID: PR1565786721065
Washington	DC	20001-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer American Council of Life Insurers	_ ,	ve Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Mr. Bruce A. Friedland			Date of Receipt
Mailing Address 116 Hill Top Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1638876021065
Weatogue	CT	06089-9676	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Vantis Life Insurance Company		sident & Chief Actuary	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	P/R Deduction (\$250.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optiona	<u> </u>		370.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 35 (check only one) X
or for commercial purposes, othe	er than using the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American oddincii di Lile	modrers i ontical Action (Johnnitee	
Full Name (Last, First, Middle	e Initial)		Date of Receipt
Ms. Shannon N. Salinas Mailing Address 101 Con	stitution Ave, NW		M M / D D / Y Y Y Y
Suite 700			11 22 2010
City	State	Zip Code	Transaction ID: PR1647849721065
Washington	DC	20001-2140	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		60.00
Name of Employer American Council of Life	Occupatio		
Insurers	Counsel,	Taxes & Retirement Securit	у
Receipt For:		e Year-to-Date ▼	
Primary Gene Other (specify) ▼	rai	420.00	P/R Deduction (\$20.00 Sem- i-Monthly)
Full Name (Last, First, Middle Ms. Kathleen F. Kiernan-Pagar			Date of Receipt
Mailing Address 101 Con Suite 700			1 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: PR1728112721065
Washington	DC	20001-2140	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.	C		221.88
Name of Employer American Council of Life	Occupatio		
Insurers Receipt For:		sel, State Relations	_
Primary Gene		e Year-to-Date ▼	P/R Deduction (\$73.96 Sem-
Other (specify) ▼		1201.48	i-Monthly)
Full Name (Last, First, Middle Mr. Edmund V. Mahoney	e Initial)		Date of Receipt
Mailing Address 20 North	gate		M M / D D / Y Y Y Y
City	State	Zip Code	1 1 2 2 2 0 1 0 Transaction ID: PR1729084721065
Simsbury	CT	06070-1021	Amount of Each Receipt this Period
FEC ID number of contributir			
federal political committee.	C		20.00
Name of Employer Vantis Life Insurance Com-	Occupatio Vice Pres	n sident, Investments	
pany Receipt For:		e Year-to-Date ▼	
Primary Gene Other (specify) ▼		220.00	P/R Deduction (\$10.00 Bi- Weekly)
	I		301.88

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS) 	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/35 (check only one)			
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	not be sold or used by any personal research trees of any political committee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
American Council of Life Insurers	Political Action (Committee				
Full Name (Last, First, Middle Initial) Ms. Carolyn C. Cobb			Date of Receipt			
Mailing Address 101 Constitution A Suite 700	Ave, NW		11 22 7 2010			
City <u>Washington</u>	State DC	Zip Code 20001-2133	Transaction ID: PR1821819621065 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		273.45			
Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident & Associate General (── Cou			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 820.35	P/R Deduction (\$91.15 Sem- i-Monthly)			
Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt			
Mailing Address 101 Constitution A Suite 700 West	Avenue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City <u>Washington</u>	State DC	Zip Code 20001-2133	Transaction ID: PR771358221065 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		450.63			
Name of Employer American Council of Life Insurers	Occupation	n e Vice President & General (
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3154.40	P/R Deduction (\$150.21 Semi-Monthly)			
Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham			Date of Receipt			
Mailing Address 101 Constitution A Suite 700 West	Avenue, NW		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y			
City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771362421065 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		156.87			
Name of Employer American Council of Life Insurers	- ' '	sident, Conference Developr	nent			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1098.09	P/R Deduction (\$52.29 Semi-Monthly)			
SUBTOTAL of Receipts This Page (option	nal)		880.95			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politi	ical Action (Committee	
۷.	Full Name (Last, First, Middle Initial) Ms. Roberta B. Meyer			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ıe, NW		11 22 7 2010
	City	State DC	Zip Code	Transaction ID: PR771362721065
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 30.00
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident & Associate General C	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Sem- i-Monthly)
- 3.	Full Name (Last, First, Middle Initial) Mr. Damian A. Salvi			Date of Receipt
	Mailing Address 10075 Red Run Boulev	ard		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771364121065
	Owings Mills	MD	21117-4865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Baltimore Life Insurance Company	Occupatio Vice Pres		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 220.00	P/R Deduction (\$100.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Mr. John F. Dolan			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700 West	٧W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771365421065
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 90.00
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident, Media Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 630.00	P/R Deduction (\$30.00 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)			220.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 16
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Poli	e name and ad	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)			
ı	Ms. Barbara A. Price Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		Date of Receipt M
	City	State	Zip Code	Transaction ID: PR771369021065
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.50
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)		n s., Legislative & Regulatory I e Year-to-Date ▼ 598.50	P/R Deduction (\$28.50 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson	NDA/		Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West			111 22 7 2010
	City	State	Zip Code	Transaction ID: PR771373221065
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 417.96
	Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	, '	n ice President, State Relations e Year-to-Date ▼ 2878.40	P/R Deduction (\$139.32 Semi-Monthly)
	Full Name (Last, First, Middle Initial) Ms. Shawn Hausman			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	ue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771373521065
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.58
	Name of Employer American Council of Life Insurers Receipt For: Primary Other (specify)	, '	n President, Public Affairs e Year-to-Date ▼ 580.90	P/R Deduction (\$27.86 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			587.04

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 35 (check only one) X
A or	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Politi	cal Action (Committee	
۱.	Full Name (Last, First, Middle Initial) Mr. David M. Leifer			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	e, NW		11 22 7 2010
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771374021065 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200012100	225.00
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident & Associate General C	Con
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1575.00	P/R Deduction (\$75.00 Sem- i-Monthly)
- s.	Full Name (Last, First, Middle Initial) Mr. James D. Hall			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	e, NW		1 1 2 2 Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code	Transaction ID: PR771374321065
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 45.00
	Name of Employer American Council of Life Insurers		Vice President, State Relation	0
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 315.00	P/R Deduction (\$15.00 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Mr. David R. Wentworth			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	e, NW		1 1 2 2 Y Y Y Y Y Y
	City Washington	State DC	Zip Code	Transaction ID: PR771376021065
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 90.00
	Name of Employer American Council of Life Insurers		sident, Research	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 630.00	P/R Deduction (\$30.00 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)			360.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	(rm 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 35 (check only one) X
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	eports and Statements may not be sold or used by any personan using the name and address of any political committee to urers Political Action Committee	on for the purpose of soliciting contributions
American Gouncil of Life ins	diers i ontical Action Committee	
Full Name (Last, First, Middle Init Mr. C. Bryan Cox	(al)	Date of Receipt
Mailing Address 101 Constitu Suite 700 W		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR771376821065
Washington FEC ID number of contributing federal political committee.	DC 20001-2133	Amount of Each Receipt this Period 74.01
Name of Employer American Council of Life Insurers	Occupation Regional Vice President, State Relation	0
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 518.06	P/R Deduction (\$24.67 Semi-Monthly)
Full Name (Last, First, Middle Init Mr. John W. Mangan, CEBS Mailing Address 101 Constitu	•	Date of Receipt
Suite 700	mon Ave, NVV	11 22 2010
City	State Zip Code	Transaction ID: PR771377121065
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer American Council of Life Insurers	Occupation Regional Vice President, State Relation	0
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	P/R Deduction (\$100.00 Semi-Monthly)
Full Name (Last, First, Middle Init Ms. Kimberly O. Dorgan	al)	Date of Receipt
Suite 700 W		111 / 22 / Y Y Y Y
City	State Zip Code	Transaction ID: PR771395121065
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	624.99
Name of Employer American Council of Life Insurers	Occupation Senior Executive Vice President, Pub	<u>li</u>
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4374.93	P/R Deduction (\$208.33 Semi-Monthly)
SUBTOTAL of Receipts This Page	(optional)	999.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai or	ny information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Polit	ical Action (Committee	
Δ.	Full Name (Last, First, Middle Initial) Ms. Olivia Gillis			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700	NW .		11 22 2010
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771408121065
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 30.00
	Name of Employer American Council of Life Insurers	Occupation Assoc. D	n Director, Legislative & Regula	t
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ue, NW		11 22 YYYYY 2010
	City	State DC	Zip Code	Transaction ID: PR771419321065
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 273.39
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident, Federal Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1913.73	P/R Deduction (\$91.13 Sem- i-Monthly)
 ;.	Full Name (Last, First, Middle Initial) Mr. Frank A. Keating			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ue, NW		1 1 2 2 2 2 0 1 0
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771419721065
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 624.99
	Name of Employer American Council of Life Insurers	Occupatio Presiden	t & CEO	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4374.93	P/R Deduction (\$208.33 Semi-Monthly)
5	SUBTOTAL of Receipts This Page (optional)			928.38

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Poli	itical Action	Committee	
<u>/_</u>	Full Name (Last, First, Middle Initial) Ms. Brenda S. Nation			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	iue, NW		M M / D D / Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
	City	State	Zip Code	Transaction ID: PR771419921065
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer American Council of Life Insurers	Occupation Regional	n Vice President, State Relatio	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1575.00	P/R Deduction (\$75.00 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Ms. Nancy Smith			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	iue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771420021065
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer American Council of Life Insurers		e Assistant	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 315.00	P/R Deduction (\$15.00 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Ms. Debra K. West			Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	· 		11 22 7 2010
	City	State DC	Zip Code	Transaction ID: PR771421021065
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 150.00
	Name of Employer American Council of Life Insurers	Occupation Regional	n Vice President, State Relatio	-
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1050.00	P/R Deduction (\$50.00 Sem- i-Monthly)
[SUBTOTAL of Receipts This Page (optional)			420.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/35 (check only one)		
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)	the hame and add	areas or arry political committee to	- Solicit Contributions from Such Committee.		
American Council of Life Insurers F	Political Action (Committee			
Full Name (Last, First, Middle Initial) Mr. Michael Lovendusky			Date of Receipt		
Mailing Address 101 Constitution Av Suite 700			11 22 7 2010		
City <u>Washington</u>	State DC	Zip Code 20001-2133	Transaction ID: PR771421121065 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		60.00		
Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident & Associate General (— Coµ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Semi- i-Monthly)		
Full Name (Last, First, Middle Initial) Ms. Katherine C. Smith			Date of Receipt		
Mailing Address 101 Constitution Av Suite 700 West	Suite 700 West				
City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771422921065 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		101.07		
Name of Employer American Council of Life Insurers	Occupation PAC Direction		7		
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼		707.49	P/R Deduction (\$33.69 Semi-Monthly)		
Full Name (Last, First, Middle Initial) Mr. Jeffry J. Janoska			Date of Receipt		
Mailing Address 101 Constitution Av Suite 700	enue, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771423121065 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	20001-2100	28.62		
Name of Employer American Council of Life Insurers		olicy Analyst			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.35	P/R Deduction (\$9.54 Semi- Monthly)		
SUBTOTAL of Receipts This Page (optiona			189.69		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	American Council of Life Insurers Politi	ical Action (Jommittee	
۸.	Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700	ie, NW		11 22 2010
	City	State	Zip Code	Transaction ID: PR771423221065
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Council of Life Insurers	Occupatio VP, Litig	n ation & Assoc. Gen. Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		840.00	P/R Deduction (\$40.00 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Ms. Nina Aponte			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700	1W		11 22 7 2010
	City	State	Zip Code	Transaction ID: PR771425321065
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer American Council of Life Insurers	Occupatio Senior S	n taff Accountant	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		210.00	P/R Deduction (\$10.00 Sem- i-Monthly)
. –	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt
	Mailing Address 101 Constitution Ave, N Suite 700			11 22 7 2010
	City Washington	State DC	Zip Code	Transaction ID: PR771428721065
	FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 189.99
	Name of Employer American Council of Life Insurers	Occupatio Regional	n Vice President, State Relatio	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1329.94	P/R Deduction (\$63.33 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)			339.99

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
(Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
	American Council of Life Insurers Poli	tical Action (Committee				
۱.	Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott Mailing Address 101 Constitution Ave.	N IVA/		Date of Receipt			
	Mailing Address 101 Constitution Ave, Suite 700 West	INVV		11 22 2010			
	City	State	Zip Code	Transaction ID: PR771428821065			
	Washington	DC	20001-2133	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		202.50			
	Name of Employer American Council of Life Insurers	Occupatio Senior V	n ice President, Federal Relatio				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		1417.50	P/R Deduction (\$67.50 Sem- i-Monthly)			
_	Full Name (Last, First, Middle Initial) Mr. David C. Turner	Date of Receipt					
	Mailing Address 101 Constitution Ave, Suite 700			11 22 7 2010			
	City	State DC	Zip Code	Transaction ID: PR771428921065			
	Washington		20001-2133	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		366.99			
	Name of Employer American Council of Life	Occupatio	n ief of Staff & Corp. Secretary				
	Insurers Receipt For:	, '	e Year-to-Date ▼	-			
	Primary General Other (specify) ▼	33 13	2568.94	P/R Deduction (\$122.33 Semi-Monthly)			
_	Full Name (Last, First, Middle Initial) Ms. Miriam Krol			Date of Receipt			
	Mailing Address 101 Constitution Ave, Suite 700			11 22 2010			
	City	State	Zip Code	Transaction ID: PR771434021065			
	Washington	DC	20001-2133	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer American Council of Life Insurers	, '	sident, Long Term Care				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/P Deduction (\$10.00 Sem			
	Other (specify)	210.00	P/R Deduction (\$10.00 Sem- i-Monthly)				
	SUBTOTAL of Receipts This Page (optional)			599.49			

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 35 (check only one) X 11a
A C	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Mr. Kynondo Lewis			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771439621065 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.24
	Name of Employer American Council of Life Insurers	Occupation Legal Ec		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 211.69	P/R Deduction (\$10.08 Sem- i-Monthly)
. –	Full Name (Last, First, Middle Initial) Ms. Alane R. Dent			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700	, NW		11 22 YYYY 2010
	City	State	Zip Code	Transaction ID: PR771444321065
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 90.99
	Name of Employer American Council of Life Insurers	Occupation Vice Pre	n sident, Federal Relations	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 636.94	P/R Deduction (\$30.33 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Mr. T. Scott Dixon			Date of Receipt
	Mailing Address 101 Constitution Ave Suite 700 West	nue NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771444921065
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 60.00
	Name of Employer American Council of Life Insurers	Occupation Finance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Sem- i-Monthly)
	SUBTOTAL of Receipts This Page (optional)			181.23

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 35 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
American Council of Life Insurers I	Political Action (Committee	
Full Name (Last, First, Middle Initial) Mr. Andrew Melnyk			Date of Receipt
Mailing Address 101 Constitution A Suite 700			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20001-2133	Transaction ID: PR771445821065 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200012100	48.90
Name of Employer American Council of Life Insurers	Occupation Managing	n g Director, Research	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 342.31	P/R Deduction (\$16.30 Sem-i-Monthly)
Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio	Date of Receipt		
Mailing Address 101 Constitution Av Suite 700	11 22 2010		
City	State	Zip Code	Transaction ID: PR771449621065
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer American Council of Life Insurers		ice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 525.00	P/R Deduction (\$25.00 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Mr. John K. Bruins	l e		Date of Receipt
Mailing Address 101 Constitution A Suite 700	venue NW		M M / D D / Y Y Y Y Y Y 1 1 1 2 2 2 2 0 1 0
City	State	Zip Code	Transaction ID: PR771450121065
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		44.25
Name of Employer American Council of Life Insurers	Occupation Senior Ad	ctuary	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 309.75	P/R Deduction (\$14.75 Sem- i-Monthly)
SUBTOTAL of Receipts This Page (options	al)		168.15

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 35 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Council of Life Insurers Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) Mrs Monica M Hainer		Date of Receipt
Mailing Address 130 Wentworth Drive		11 22 7 2010
City	State Zip Code	Transaction ID: PR798114421065
Lansdale	PA 19446-1671	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	231.42
Name of Employer London Life Reinsurance Company	Occupation President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	308.56	P/R Deduction (\$77.14 Bi- Weekly)
Full Name (Last, First, Middle Initial) Mr. Maurice Perkins		Date of Receipt
Mailing Address 101 Constitution Ave Suite 700	, NW	11 D D / Y Y Y Y Y Y Z 2 D 1 0
City	State Zip Code	Transaction ID: PR805149121065
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	290.64
Name of Employer American Council of Life Insurers	Occupation Vice President, Federal Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2034.47	P/R Deduction (\$96.88 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Mr. Wayne Mehlman		Date of Receipt
Mailing Address 101 Constitution Ave Suite 700	nue, NW	1 1 2 2 2 2 2 0 1 0
City	State Zip Code	Transaction ID: PR904819521065
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer American Council of Life Insurers	Occupation Counsel, Insurance Regulation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	P/R Deduction (\$25.00 Sem- i-Monthly)
SUBTOTAL of Receipts This Page (optional)		597.06
TOTAL This Period (last page this line number		18225.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 35 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Council of Life Insurers Political	al Action Committee	
Full Name (Last, First, Middle Initial) Liberty Mutual Insurance PAC Mailing Address 175 Berkeley Street City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Boston FEC ID number of contributing federal political committee. Name of Employer	MA 02117 C C00171843 Occupation	Amount of Each Receipt this Period 5000.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 5000.00	1

SUBTOTAL of Receipts This Page (optional)	>	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	(check only	NUMBER: PAGE 31/35
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Council of Life Insurers Politica	• • • • • • • • • • • • • • • • • • • •		
Full Name (Last, First, Middle Initial) Perlmutter For Congress			Transaction ID: 37347872 Date of Disbursement 10 26 2010
Mailing Address 3440 Youngfield Street	#264		10 26 2010
City Wheat Ridge	State Zip Code CO 80033		Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		011 Category/	1000.00
Rep. Edwin Perlmutter		Type	
Senate President	sement For: 2010 Primary X General Other (specify) ▼		
State: CO District: 07 Full Name (Last, First, Middle Initial)			T
Jim Himes For Congress			Transaction ID: 37347900 Date of Disbursement
Mailing Address 65 High Ridge Road Bo Box 456	x 456		10 M / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stamford	State Zip Code CT 06905		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1000.00
Candidate Name Mr. Jim Himes		Category/ Type	
Office Sought: X House Senate President State: CT District: 04	sement For: 2010 Primary X General Other (specify)	,	
Full Name (Last, First, Middle Initial) Friends Of Dan Maffei			Transaction ID: 37347916 Date of Disbursement
Mailing Address PO Box 74			$ \begin{bmatrix} 10 & \text{M} & \text{J} & \text{D} & \text{D} & \text{D} & \text{J} & \text{Y} & \text{Y} & \text{Y} & \text{Y} & \text{Y} \\ 1 & 0 & \text{M} & \text{J} & \text{D} & \text{D} & \text{J} & \text{J} & \text{J} & \text{J} \end{bmatrix} $
City Syracuse	State Zip Code NY 13214		Amount of Each Disbursement this Period
Purpose of Disbursement	011	1000.00	
Candidate Name Mr. Daniel Maffei		Category/ Type	
Senate President	sement For: 2010 Primary X General Other (specify)		
State: NY District: 25			
SUBTOTAL of Disbursements This Page (optiona			3000.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s	5)		eck only	NUMBE	Π.			PAGE	32 / 3	35
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\dot{\Box}$	21b 27	22 28a	<u> </u>	3 8b	24 280		25 29	
	y Information copied from such Reports and St or commercial purposes, other than using the											3
\rangle	NAME OF COMMITTEE (In Full) American Council of Life Insurers Polit											
<u>/</u>	Full Name (Last, First, Middle Initial) Kind For Congress Committee					Date of	action of Disk				0 1 C	Y
	Mailing Address 1207 C Street, NE					1 0		2	6	. 2	010)
	City Washington	State Zip Code DC 20002				Amou	nt of E	ach	Disburs			-
	Purpose of Disbursement Candidate Name		-	01 ⁻		L.				10	00.00	
	Rep. Ron Kind			Тур	-							
	Senate President	ursement For: 2010 Primary X General Other (specify) ▼										
	State: WI District: 03 Full Name (Last, First, Middle Initial)								070.4	705		
	Stephanie Herseth Sandlin For South I	Dakota				Date of	action of Disk	ourse				Υ
	Mailing Address PO Box 2009					1 0		^D 2	6	. 2	0 1 C)
	City Sioux Falls	State Zip Code SD 57101				Amou	nt of E	Each	Disburs			
	Purpose of Disbursement		_	01						15	00.00)
	Candidate Name Rep. Stephanie Herseth Sandlin			ateg Typ								
	Senate President	ursement For: 2010 Primary X General Other (specify)	1									
	State: SD District: 01 Full Name (Last, First, Middle Initial) Tiberi for Congress						action		3734	17970)	
	Mailing Address 217 Third Street, SE					1 ^M 0		^D 2		Y Ž	0 1 C) ^Y
	City Washington	State Zip Code DC 20003				Amou	nt of E	Each	Disburs	semen	t this F	Perio
	Purpose of Disbursement			01	1					10	00.00)
	Candidate Name Patrick Tiberi			ateg Typ								
	Office Sought: X House Senate President State: OH District: 12	ursement For: 2010 Primary X General Other (specify)	1	712								

TEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 24 25 28a 25 25 25 25 25 25 25 2	SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		_		NUMB	ER:		LP	AGE	33 / 3	i5
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Friends Of Dave Reichert Mailing Address P. O. Box 53322 City State Zip Code WA 98015 Purpose of Disbursement Office Sought: X House Senate Pricedent State: WA District: 08 Full Name (Last, First, Middle Initial) Price For Congress Mailing Address PO Box 425 City State Zip Code GA 30077 City State: WA District: 08 Full Name (Last, First, Middle Initial) Price For Congress Mailing Address PO Box 425 City State Zip Code GA 30077 Condidate Name Rep. David Reichert Office Sought: X House Senate President Other (specify) ▼ State: GA District: 06 Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen Mailing Address Po, Box 44389 State: GA District: 06 Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen Mailing Address President Other (specify) ▼ Transaction ID: 37348018 Date of Disbursement Initial Date of Disbursement Initial Prince Office Sought: X House Senate Primary X General Pri	ITEMIZED DISBURSEMENTS	for each	category of the ´		<u>`</u> 2	1b	22						П
NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Friends Of Dave Reichert Mailing Address P. O. Box 53322 City State Zip Code Bellevue WA 98015 Purpose of Disbursement Office Sought: X House Senate President State: WA District: 08 Full Name (Last, First, Middle Initial) Price For Congress Mailing Address PO Box 425 City State Zip Code Primary X General Other (specify) ▼ Transaction ID: 37347988 Date of Disbursement this Per 1000.00 Amount of Each Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348015 Date of Disbursement this Per 1000.00 Transaction ID: 37348018 Date of Disbursement this Per 1000.00 Transaction ID: 37348018 Date of Disbursement this Per 1000.00 Transaction ID: 37348018 Date of Disbursement this Per 1000.00 Transaction ID: 37348018 Date of Disbursement this Per 1000.00 Transaction ID: 37348018 Date of Disbursement this Per 1000.00 Transaction ID: 37348018 Date of Disbursement this Per 1000.00 Transaction ID: 37348018 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disbursement this Per 1000.00 Transaction ID: 37348005 Date of Disburse					ny pe	rson	for the p	urpose	of sol	iciting	contrib	outions	<u>—</u>
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